VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 17, 2014

Ms. Leslie Slingerland, Administrator
Second Spring North
1071 Vt Route 15
Underhill, VT 05489-9341

Dear Ms. Slingerland:

Enclosed is a copy of your acceptable plans of correction for the unannounced on-site re-licensing survey conducted on **April 28, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:jl

PRINTED: 06/11/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0611	A. BUILDING: _____ B. WING _____	04/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECOND SPRING NORTH	1071 VT ROUTE 15 UNDERHILL, VT 05489

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 4/28/14. Based on information gathered, the following regulatory deficiencies were cited.	R100		
R160 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a	R160	See Attached	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Program Manager 06/10/14

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R160	Continued From page 1 person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the nurse failed to assure that 3 of 3 residents in the applicable sample (Resident #1, 2, 3) were periodically monitored for side effects of antipsychotic medications. Findings include: 1. Per medical record review on 4/28/14, Resident #1 was initially admitted on 10/14/13, and readmitted on 2/7/14. Physician orders and the Medication Administration Record (MAR) for April, 2014 direct appropriate staff to administer Abilify 20 mg by mouth once daily, and clozapine 25 mg by mouth once daily. Both Abilify and clozapine are antipsychotic medications which can have side effects including tardive dyskinesia (involuntary bodily movements). There was no evidence provided by the home which indicated that a nurse is initially or periodically screening Resident #1 for such medication side effects. 2. Per medical record review on 4/28/14, Resident #2 was initially admitted on 1/9/14 with diagnoses including bipolar disorder. Physician orders and the Medication Administration Record (MAR) for April, 2014 direct appropriate staff to administer Lithium Slow Release (1,500 mg by mouth at hour of sleep). Lithium is an antimanic and antipsychotic medication which can have side effects including involuntary bodily movements such as tremors, unsteady gait, and twitching. There was no evidence provided by the home which indicated that a nurse had initially or periodically screened Resident #2 for development or worsening of such medication	R160		

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R160	Continued From page 2 side effects. Blood tests to check for Lithium toxicity were demonstrated. 3. Per medical record review on 4/28/14, Resident #3 was admitted on 12/12/13 with diagnoses including Paranoid Schizophrenia. Physician orders and the Medication Administration Record (MAR) for the month of April, 2014 directs the Registered Nurse (RN) and/or the delegated staff to administer: paliperidone 234 milligrams (mg) intramuscularly (IM) every 3 weeks; risperidone 6 mg by mouth (po) at bedtime (hs); risperidone 4 mg po daily; and Clozaril 200 mg po at hs. Each of the above medications is classified as an antipsychotic medication which can have side effects including tardive dyskinesia (involuntary bodily movements). Per review of Resident #3's medical record, there is no documented evidence of initial or periodic nurse assessment for side effects pertaining to antipsychotic medications. During an interview on 4/28/14 at 2:25 PM, the Administrator and the Registered Nurse confirmed that the home does not have procedures in place for periodic monitoring for side effects of antipsychotic medications administered to Residents #1, 2, and 3.	R160		
R188 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and	R188		

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R188	Continued From page 3 telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the home failed to assure that 3 of 3 resident records in the applicable sample (Residents #1, 2, 3) contained a recent photograph of the resident unless the resident objects. Findings include: 1. During a general tour of the home and comprehensive record review for Residents #1, 2, and 3 on 4/24/14, there was no evidence that the home had obtained either a recent photograph of the residents, or refusals by objecting residents [or the responsible party]. During an interview on 4/28/14 at 1:15 PM, the Registered Nurse confirmed that the home does not have a camera or recent photographs of Residents #1, 2, and 3.	R188		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building	R302		

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R302	Continued From page 4 when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to demonstrate that fire drills were conducted on at least a quarterly basis, and rotating times of day among morning, afternoon, evening and night. Findings include: 1. During record review on 4/28/14, fire drill documentation indicated that drills had been conducted in two quarters and during morning and afternoon time periods in the past year (11/22/13 at 9:30 AM and 11/25/13 at 1:00 PM; and 4/8/14 at 9:40 AM). There was no evidence that fire drills were conducted during the quarters including July, August, September 2013 or January, February, March 2014; nor were there drills during the evening and night time periods. During an interview on 4/28/14 at 11:45 AM, the Administrator confirmed that no fire drill records were available for two of four quarters or evening and night time periods in the past year.	R302		

RECEIVED
Division of
MAY 2 9 14
Licensing and
Protection

Second Spring North Plan of Correction

Site Survey
4-28-14

Deficiency and Corrective Action	How Monitored	Person Responsible	Completion Date
1. R160, 5.10 Medication Management 5.10 a: Deficiency: "The home does not have procedures in place for periodic monitoring of side effects of antipsychotic medications." Corrective Action: RCH will immediately put into place "Procedures for monitoring side effects of psychoactive medications" Staff will be trained on this, Procedure will be included in P&P manual and Nursing Handbook.	1. Nurse Manager will be responsible for implementing procedures and documentation for periodic review of side effects of antipsychotic medications.	1. Nurse Manager, RCH Administrator, Nursing staff	1. 6-13-14
2. R188, 5.12 Records/Reports 5.12.b (2): Deficiency: "The home failed to assure that 3 of 3 resident records in the applicable sample contained a recent photograph of resident unless the resident objects." Corrective Action: All resident records and MAR are being updated with a photograph of each resident in the facility or documentation of refusal of any resident that does not want their photograph taken.	2. Nurse Manager and Nursing staff are responsible to obtain photographs/refusal documentation at time of admission and updating current records.	2. Nurse Manager, RCH Administrator, Nursing staff	2. 6-13-14

R160, R188, + R302 POC's accepted 6/4/14 JHosmerRN/mw

3. R302, 9.11 Disaster and Emergency Preparedness 9.11. c: Deficiency: "The home failed to demonstrate that fire drills were conducted on at least a quarterly basis, and rotating times of day among morning, afternoon, evening and night." Corrective Action: The RCH fire drill procedure will be updated to include a full yearly schedule of fire drills on a rotating basis and documented when completed.	3. Compliance Coordinator and Supervisor of Buildings and Grounds will conduct surprise fire drills on a rotating basis and document accordingly. This process has already begun.	3. Training and Compliance Coordinator, RCH Administrator, Supervisor of Buildings and Grounds.	3. 6-13-14